

Health Facilities and Services Quality Assurance

Definition: Health facilities and services quality assurance is a process of monitoring and improving the quality of health services through enforcement of health and safety standards, technical assistance, and dissemination of new technology and methodologies.

Summary

Facilities and Services licensing programs seek to assure that all facilities practice within the state's rules regarding safe, fair, and prudent patient treatment. The goal is to promote and protect individual patient health.

The primary method of assuring health facility quality is an annual inspection process.

Facilities Inspected

The table below shows the total numbers of several different types of facilities and services in 1994 and 1995 and the numbers that were surveyed during those years.

Facility/Service	1994		1995	
	Total	Surv.	Total	Surv.
Boarding home	362	294	377	200
Temporary worker housing	322	194	175	167
Home health care agency	155	41	163	34
Acute care hospital	94	72	92	68
Alcoholism treatment facility	46	42	49	22
Hospice agency	36	7	38	5
Dept. of Corrections facility	15	4	14	8
Alcoholism hospital	3	3	3	1
Psychiatric hospital	3	2	3	2

Methods of Quality Assurance

Performance is monitored through direct observation in the form of annual inspection visits by technical staff of the Department of Health. Adverse findings, while common, result primarily from lack of knowledge or understanding, rather than from intentional acts that put patients or residents at risk.

During facility inspections, inspectors and providers work together to understand the regulations and how they can best be implemented in each setting. Inspectors are free to share strategies developed by other providers.

Investigations and disciplinary actions against facilities as a group have remained rather static over time.

A current standard is completion of 97.5 percent of actions within established time frames. Accurate measurements have been in place for at least a decade, and this standard is being met.

Year 2000 Goal

The goal is to inspect 98 percent of all facilities annually and provide technical assistance to all inspected facilities--not just by 2000, but immediately. In 1994, the goal for technical assistance was met, but the goal for inspections was not, with 63% of all facilities being inspected. The average period between inspections, across all facility types, is about sixteen months.

The number of programs that have met the goal of 98% has increased. From 1994 to 1995, most programs improved the rate of inspection.

Alternative Methods of Quality Assurance

Some types of service provider now utilize an alternate method of assuring quality of care, most notably Home Health Agencies. A national accrediting organization, the Joint Commission for the Accreditation of Health Care Organizations (JCAHCO) provides certification of safe and effective care through an intense inspection and consultative process. Washington has accepted as the state licensing inspection a JCAHCO accreditation granted within the same year. This can significantly reduce the frequency of inspection in a facility and the burden on state inspectors, freeing them to work with other facilities requiring technical assistance.

Boarding home services have shown a recent growth in the rate of actions. The cause appears to be the rapid expansion of this type of service. With significant numbers of new entrants to the market place, many are still developing their knowledge base, and some may have expected higher profit margins than the industry supports. While there

has been no analysis of these factors, study is warranted

A recent legislative initiative requires lodging establishments to self-inspect their own facilities, using an inspection form developed by the state. The rate of on-site state inspection has been reduced from all facilities to only 10 percent. The state validates all self-inspection forms for compliance with licensing standards. Where warranted, the state will conduct an on-site survey in establishments whose completed self-inspection form does not meet the standards.

Residential care facilities are conducting their own statewide technical assistance meetings in which protocols have been established for technical assistance inspections. When a facility requests technical assistance, the state provides an on-site inspection that does not result in an official statement of deficiencies. The Department of Health is beginning the same process for hospital technical assistance.

New Licensing Standards

The next generation of licensing standards is now being developed using new methods. The process involves reliance on community technical experts and affiliated health care organizations to develop new regulations which are based on scientific methods, current practices, and practices least intrusive to the licensee. Most important, the next generation of rules are to be less oriented to process and procedure and more to patient outcome measures.

Minimizing Patient Risk

The Department of Health's ability to provide risk assessment with regard to evaluating the quality of care is essential. Continuous Quality Improvement (CQI) is a technical assistance tool that may help facilities evaluate themselves. An important part of CQI is utilizing a statistical process control method--a strict, science based method of evaluating data. It allows a facility to determine their operating status relative to minimal health care standards. This tool is being discussed, and its use encouraged in facilities of all types throughout the state. It can be especially valuable to small organizations without large corporate infrastructures which often provide such methodologies internally.

Identifying facilities for a focused survey as opposed to a full survey, where it is warranted, can identify a need for increased technical assistance in problem areas. Developing ways to identify facilities that can benefit from such surveys are needed.

Intervention Points, Strategies and Effectiveness

The licensing and disciplinary process for facilities is currently oriented strongly to a participatory process with regulated entities, dedicating over 60% of the time of staff assigned to regulating facilities to technical assistance of a non-disciplinary nature.

A developing strategy, as yet untried, is to combine the quality assurance processes related to individual providers and the facilities in which they provide their care. Details for doing this are very much in the developmental stage, but the hope is that individual quality assurance would become more prospective in nature, and facility processes would evolve more quickly, permitting improved practices to find their way into accepted practice and thence into regulation in a more timely fashion.

Partnerships with providers, co-regulators, payers, and consumers in assuring safe, appropriate and ever-improving care will become the way of conducting business. Such partnerships foster recognition of the systemic, interlocking, and interdependent relationships in which health care facilities operate. A roundtable of DOH staff, health care providers, and members of the regulated community are collaborating to develop hospital rules.

Accounting practices could be changed to assure that all funds collected for regulating health care facilities are actually used for that purpose. Similar accounting has been adopted for the treatment of regulatory fees received for health care professionals, where it has served well.

Data Sources

Facilities and Services Licensing Database, Washington State Department of Health

For More Information

Department of Health, Facilities and Services Licensing at (360) 705-6651.